U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

For Official Use Only

A624:A0

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 36-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

E	
1. File Number U - 1/743	2. Fiscal Year Covered From:
	01/2004 Through: $12/31/2004$
3. Name and address of person filing.	Name, file number, and address of labor organization.
Name Jerry M Miler	Name Painters District Council No. 3 (IUPAT
	Labor Organization File Number 002437
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any
Street 9902 E. 62nd Street	Street 9902 E. 62nd STreet
City Raytown	City Raytown
State Missouri ZIP Code + 4 64133,	State Missouri ZIP Code + 4 64133
5. Position in labor organization. Business lienager/Secreta	ry-Treasurer
A. Held an interest in, engaged in transactions (including loans) with, or dimonetary value from an employer whose employees your organization. 6. Name and address of Employer (including trade name, if any).	n represents or is actively seeking to represent. 7.a. Nature of Interest, Transaction, or Income.
Name AVA	.Not Applicable
P.O. Box, Bldg., Room No., if any	
Street	7.b. Amount.
City	N/A
State ; ZIP Code + 4	
Signati	116
15. Signature and verification. The undersigned declares, under penalty of Pe submitted in this report (including the information contained in any accompanying undersigned's knowledge and belief, true, correct, and complete. (See the section	documents), has been examined by the signatory and is, to the best of the
Signed Signed M. Milling	On 8/9/2005 (816) 358-2440
Jerry M. Miller	Date Telephone Number

Name of Person Filing Jerry M. Miller		File Number U-	
B. Held an interest in or derived income or economic benefit with monetar substantial part of which consists of buying from, selling or leasing to, or or of an employer whose employees your labor organization represents or is (2) any part of which consists of buying from or selling or leasing directly or dealing with your labor organization or with a trust in which your labor organization.	therwise dealing with the business actively seeking to represent, or r indirectly to, or otherwise		
8. Name and address of Business (including trade name, if any). Name Arnold, Newbold, Winter & Jackson Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 1125 Grand, Ste. 1600 City Kansas City State Missouri. ZIP Coce + 4 64106	9. Business deals with: a. Labor Organizati X b. Trust c. Employer	on	
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C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money	r parts A and B above). or other thing of value.		
3.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street;	14.a. Nature of payment.		
State ZIP Code + 4 13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.		

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, saling or leasing to not onlowing dealing with best business (2) any part of which consists of buying from or selling or leasing from or otherwise dealing with substances (2) any part of which consists of buying from or selling or leasing fronty or indirectly (a, or otherwise dealing with your labor organization or with a frust in which your labor organization is interested. 5. Name and address of Business (neturing trade norms, if any). Name, Wilson-McShana Trade Name, if any: P.O. Box, Bidg., Room No., if any Street 3100 Brdadway; Ste., 305 City Kansas City State Missouri 200 Broadway; Ste., 305 City Kansas City Street 3100 Broadway; Ste., 805 City Kansas City State Missouri 200 Broadway; Ste., 805 City Kansas City State Missouri 200 Broadway; Ste., 805 City Kansas City State Missouri 200 Broadway; Ste., 805 City Kansas City State Missouri 200 Broadway; Ste., 805 Tib. Approximate color value of such dealing. 11.a. Nature of such dealing. 11.b. Approximate color value of such dealing. 11.c. Employer 11.c. Employer 11.d. Approximate color value of such dealing. 11.d. Anature of such dealing. 11.d. Anature of such dealing. 11.d.	Annual of twinch consists of buying from, selling or leasing to, or otherwise dealing with the business employers you is or without original storn employers and the propension of a schedy or increasely to, or otherwise or you with consists of buying from or reling of leasing offsetly or increasely to, or otherwise or you have one or operations or with a beat in which you have one or operations or with a beat in which you have one or operations or otherwise or you will be a beat in which you have one or operations or otherwise. Name, If any	Name of Person Filing Jerry M.M. Her	File Number U-
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Name of Person Filing Jerry N. Miller	File Number U-
B. Held an interest in or derived income or economic benefit with monetal substantial part of which consists of buying from, salling or leasing to, or of an employer whose employees your labor organization represents or is (2) any part of which consists of buying from or selling or leasing directly dealing with your labor organization or with a trust in which your labor organization or with a trust in which your labor organization.	otherwise dealing with the business s actively seeking to represent, o: or indirectly to, or otherwise
Name and address of Business (including trade name, if any).	9. Business deals with:
Name, United Actuarial Services, Inc.	a. Labor Organization
Trade Name, if any:	X b. Trust
P.O. Box, Bldg., Room No., if any	c. Employer
Street 11590 North Meridian St., Ste. 610	
Carmel Carmel	
State Indiana ZIP Code + 4 46032	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name Painters District Council No. 3 Pension and Health & Welfare Fund Trade Name, if any:	Funds Actuary
P.O. Box, Bldg., Room No., if any	
Street 3100 Broadway, Ste. 805	11.b. Approximate dollar value of such dealing. \$150,000.00
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13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment
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or Consultant

3.b. Is the Business an Employer

Name of Person Filing Jerr= // //! er	File Number U-	
B. Held an interest in or derived income or economic benefit with monetary substantial part of which consists of buying from, selling or leasing to, or or of an employer whose employees your labor organization represents or is (2) any part of which consists of buying from or selling or leasing directly of dealing with your labor organization or with a trust in which your labor organization.	therwise dealing with the business actively seeking to represent, or r indirectly to, or otherwise	
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Name of Person Filing Jerry N. Miller	File Number U-	
B. Held an interest in or derived income or economic benefit with monets substantial part of which consists of buying from, selling or leasing to, or of an employer whose employees your labor organization represents or (2) any part of which consists of buying from or selling or leasing directly dealing with your labor organization or with a trust in which your labor organization.	r otherwise dealing with the business is actively seeking to represent, or y or indirectly to, or otherwise	
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Name of Person Filing Jerry 18. Miller		File Number U-	
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Trade Name, if any:	X b. Trust		
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10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.		
Name Painters District Council No. 3 Healt	שׁׁ Welfare		
Trade Name, if any:	Served as	Trustee	
P.O. Box, Bldg., Room No., if any			
Street 3100 Broadway, STe. 805			
City Kansas City	11.b. Approximate dollar value cf. 12.a. Nature of interest held or i		
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3.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.		

Name of Person Filing Jerry M. Miller	File Number U-
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Name and address of Business (including trade name, if any).	9. Business deals with:
Name, I.U.P.A.T. Industry Pension Fund Trade Name, if any:	a. Labor Organization
P.O. Box, Bldg., Room No., if any	X b. Trust
Street 1750 New York Ave., NW.	
City Washington State D.C. ZIP Code +4 20006	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name Painters District Council #3	
Trade Name, if any:	Business Manager/Secretary-Treasurer of District Council #3/Participant
P.O. Box, Bldg., Room No., if any	
Street 9902 E. 62nd Street	11.b. Approximate dollar value of such dealing. \$100,000.00
City Raytown	12.a. Nature of interest held or income received.
State Missouri ZIP Code - 4 64133	\$ 93.68 2/11/04 Dinner-Pension Explanation Meeting
	\$107.64 Dimner-Pension Explanation Meeting
	12.b. Amount \$201.32
Received from any employer (other than an employer covered under from any labor relations consultant to an employer any payment of money	r parts A and B above)
	14.a. Nature of payment.
.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	
ame	
rade Name, if any:	
O. Box, Bldg., Room No., if any	
reet	
у (
ate ZiP Code + 4	
b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.

Name of Person Filing Jerry 11 Miller		File Number U-
B. Held an interest in or derived income or economic benefit with moneta substantial part of which consists of buying from, selling or leasing to, or of an employer whose employees your labor organization represents or is (2) any part of which consists of buying from or celling or leasing directly dealing with your labor organization or with a trust in which your labor organization.	otherwise dealing with the business actively seeking to represent, or or indirectly to, or otherwise	
8. Name and address of Business (including trade name, if any). Name Painters District Council No. 3 Apprenticeship Training Fu Trade Name, if any: P.O. Box, Bldg., Room No., If any	9. Business deals with: nd a. Labor Organizati X b. Trust c. Employer	on
Street 105 W. F2th Ave. City Kansas City State Missouri ZIP Code + 4 64116		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing	The state of the s
Name Painters District Council No. 3 Apprenticeship Training Fund Trade Name, If any:	Served as Tru	ıstee
P.O. Box, Bldg., Room No., if any		
Street 105 W. 12th AVe.	11 h Appresimate dellarante en	f such dealing -0-
City Kansas City	11.b. Approximate dollar value of	<u> </u>
State Missouri ZIP Code + 4 64116		
	4 lunches @ \$6.50	J each
	100 20 May 100 100 100 100 100 100 100 100 100 10	
	12.b. Amount.	
Received from any employer (other than an employer covered unde from any labor relations consultant to an employer any payment of money	r parts A and B above)	
.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	
ame		!]
rade Name, if any:		
O. Box, Bldg., Room No., if any		
reet ,	•	
у (1	1
ate ZIP Code + 4		
.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.	

Jerry M. Miller) is number of
B. Held an interest in or derived income or economic benefit with moneta substantial part of which consists of buying from, selling or leasing fo, or of an employer whose employees your labor organization represents or is (2) any part of which consists of buying from or selling or leasing directly dealing with your labor organization or with a trust in which your labor org	otherwise dealing with the business sactively seeking to represent, or or indirectly to, or otherwise
8. Name and address of Business (Including trade name, If any). Name . I.U.P.A.T. Labor-Management Cooperati Initiative Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 1750 New York Ave NW. Cty Washington State D.C. ZIP Code +4 20006	a. Labor Organization X b. Trust c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Painters District Council #3 Trade Name, if any: P.O. Box, Bldg., Room No., if any	Business Manager/Secretary-Treasurer of District Council #3/Participant
Street 9902 E. 62nd Street City Rayrown State Missouri ZIP Code + 4 64133	11.b. Approximate dollar value of such dealing. 100,000.00 12.a. Nature of interest held of income received. 8/16 Dinner - General Conv. \$127.91 8/18 Dinner - General Conv. \$92.79
	12.b. Amount. \$220.70
C: Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money	r parts A and B above). or other thing of value.
I 3.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street . ZIP Code + 4	14.a. Nature of payment.
3.b. Is the Business an Employer or Consultant?	14.5. Amount of payment.

Name of Person Filing Jerry M. Miller	File Number U-
B. Held an interest in or derived income or economic benefit with monetal substantial part of which consists of buying from, selling or leasing to, or of an employer whose employees your labor organization represents or it (2) any part of which consists of buying from or selling or leasing directly dealing with your labor organization or with a trust in which your labor organization.	otherwise dealing with the business s actively seeking to represent, or or indirectly to, or otherwise
Name and address of Business (including trade name, if any).	9. Business deals with:
Name, I.U.P.A.T. Joint Apprenticeship Training Fund	a. Labor Organization
Trade Name, if any:	X b. Trust
P.O. Box, Bidg., Room No., if any	c. Employer
Street 1750 New York Ave., NW	
Chy Washington,	<u> </u>
State D.C. ZIP Code + 4 20006	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name Painters District Council #3	Business Manager/Secretary-Treasurer of District Council #3/Participant
Trade Name, if any:	
P.O. Box, Bldg., Room No., If any	
Street 9902 E. 62nd Street	11.b. Approximate dollar value of such dealing. 100,000.00
City Raytown	12.a. Nature of interest held or income received.
State Missouri ZIP Code + 4 64133	Lodging & Meals - IES \$1,001.07 Graduation Barquet \$ 43.49
	12.b. Amount (#\$1,044.56)
C: Received from any employer (other than an employer covered unider from any labor relations consultant to an employer any payment of money	er parts A and B above). or other thing of value.
3.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
treet ,	
ity	
tate ZIP Code + 4	
3.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.
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